

Index of Claims



Application/Control No.

09/444,889

Examiner

Beth Van Doren

Applicant(s)/Patent under Reexamination

MIKURAK, MICHAEL G.

Art Unit

3623

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
+	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date					
Final	Original	9/18/04	3/23/05	9/7/05	3/2/06	10/2/06	8/17/07
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17	✓	✓				
	18	✓	✓	✓	✓	✓	✓
	19						
	20						
	21	✓	✓				
	22	✓	✓	✓	✓	✓	✓
	23	✓	✓				
	24						
	25						
	26	✓	✓				
	27	✓	✓				
	28	✓	✓	✓	✓	✓	✓
	29						
	30						
	31	✓	✓				
	32	✓	✓	✓	✓	✓	✓
	33	✓	✓	✓	✓	✓	✓
	34	✓	✓	✓	✓	✓	✓
	35	✓	✓	✓	✓	✓	✓
	36	✓	✓	✓	✓	✓	✓
	37	✓	✓	✓	✓	✓	✓
	38			✓	✓	✓	✓
	39			✓	✓	✓	✓
	40			✓	✓	✓	✓
	41			✓	✓	✓	✓
	42			✓	✓	✓	✓
	43			✓	✓	✓	✓
	44			✓	✓	✓	✓
	45			✓	✓	✓	✓
	46			✓	✓	✓	✓
	47			✓	✓	✓	✓
	48			✓	✓	✓	✓
	49			✓	✓	✓	✓
	50			✓	✓	✓	✓

Claim		Date			
Final	Original	9/7/05	3/2/06	10/2/06	8/17/07
	51	✓	✓	✓	✓
	52	✓	✓	✓	✓
	53	✓	✓	✓	✓
	54	✓	✓	✓	✓
	55	✓	✓	✓	✓
	56				
	57				
	58				
	59				
	60				
	61				
	62				
	63				
	64				
	65				
	66				
	67				
	68				
	69				
	70				
	71				
	72				
	73				
	74				
	75				
	76				
	77				
	78				
	79				
	80				
	81				
	82				
	83				
	84				
	85				
	86				
	87				
	88				
	89				
	90				
	91				
	92				
	93				
	94				
	95				
	96				
	97				
	98				
	99				
	100				

Claim		Date					
Final	Original						
	101						
	102						
	103						
	104						
	105						
	106						
	107						
	108						
	109						
	110						
	111						
	112						
	113						
	114						
	115						
	116						
	117						
	118						
	119						
	120						
	121						
	122						
	123						
	124						
	125						
	126						
	127						
	128						
	129						
	130						
	131						
	132						
	133						
	134						
	135						
	136						
	137						
	138						
	139						
	140						
	141						
	142						
	143						
	144						
	145						
	146						
	147						
	148						
	149						
	150						